



phone: 503-668-5566 fax: 503-668-4093

## FRAUD QUESTIONNAIRE

VICTIM	NAME(S)/DATE OF E	BIRTH		
		Name (Last, First & Middle)		Date of Birth
		Name (Last, First & Middle)		Date of Birth
ADDRE	SS			
	Street	City	State	Zip Code
EMAIL .	ADDRESS(ES)			
PHONE				
	Home	Work	Cell(s)	
DRIVER	S LICENSE NUMBER			
VICTIM	GENDER			
VICTIM	RACE			
BANK II	NSTITUTION or CRED	OIT CARD COMPANY		
BANK A	ACCOUNT #			
CREDIT	CARD#			
HOW DI	D YOU LEARN OF TH	IE FRAUD?		
IS THE C	CARD THAT WAS CO	MPROMISED STILL IN YOUR POSSESS	ION?	
DID YO	U GIVE ANYONE PER	MISSION TO USE THE CARD?		
PLEASE	PROVIDE THE DATE	S AND TIMES YOUR CARD WAS USED	<b>)</b> :	
Date	Time	Location		Amount

Date	Time	Location	Amount
Date	Time	Location	Amount
Date	Time	Location	Amount
Date	Time	Location	Amount
Date	Time	Location	Amount
Date	Time	Location	Amount
Date	Time	Location	Amount
		TOTAL	L AMOUNT
HAS YOUR	FINANCIAL INSTITUTIO	ON REIMBURSED YOU FOR YOUR LO	OSS(ES)?
INCLUDE T		BANK AND/OR CREDIT CARD ST DWING THE FRAUDULENT CHARGE	• ,
PLEASANT	STREET, SANDY, OR 9	CHMENTS TO THE SANDY POLICE 7055. AN OFFICER WILL BE ASSIGN UMBER. PHONE <u>503-668-5566</u> FOR (	TO WRITE A REPORT
	that there are criminal per struct the due process of la	nalties, up to and including prosecution, w.	if this statement is made to
SIGNATURI	7	DATE	
CASE NUMI	BER_	OFFICER	